

HC 445 91(1) ILKESTON

BOROUGH OF ILKESTON.

Annual Health and
School Medical
Report

For the Year 1923,

BY

R. De V. KING,

Medical Officer of Health, Medical Superintendent of
the Isolation Hospital, Superintendent of Maternity
Home, and School Medical Officer.

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BOROUGH OF ILKESTON.



HEALTH & MATERNITY & CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor	Councillor W. LACEY
J. E. SMITH)	„ C. V. MOORE
Councillor J. WOOLEY (<i>Chairman</i>)	„ J. H. MILLARD
Alderman A. HENSHAW	„ L. MIDGLEY
„ E. SMITH	„ J. RICHARDSON (elected)
„ W. SHAKESPEARE	„ W. SMITH
„ S. SHAW	Mrs. W. BOSTOCK
„ W. TATHAM	„ McINTYRE
Councillor H. O. BISHOP	„ MITCHELL
„ H. E. Beardsley	„ S. SHAW
„ W. CUTTS	„ A. SHAW
„ W. FRASER (retired)	„ R. H. STARR
„ F. KENWARD	„ S. SHELLEY

GENERAL WORKS & HOUSING COMMITTEE.

THE MAYOR (Councillor	Councillor F. KENWARD
J. E. SMITH)	„ W. LACEY
Alderman H. MOSS (<i>Chairman</i>)	„ J. A. MACDONALD
„ S. SHAW	„ S. MANNERS
„ E. SMITH	„ J. H. MILLARD
„ W. TATHAM	„ J. A. PROCTOR (elected)
Councillor H. E. BEARDSLEY	„ W. FRASER (retired)
„ H. O. BISHOP	„ J. RICHARDSON (elected)
„ W. CUTTS	„ W. SMITH
„ A. HENSHAW	„ G. W. WOOLLISCROFT
„ J. P. KANE (retired)	

PUBLIC HEALTH STAFF (1921)

Medical Officer of Health and Superintendent of the Isolation Hospital :—

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.

*Obstetric Physician to Maternity Home and Medical Officer to Central
Welfare Centre :—*

ARTHUR DOBSON, M.R.C.S., L.R.C.P.

Tuberculosis Officer (appointed by Derbyshire County Council) :—

B. S. NICHOLSON, M.D., D.P.H.

Sanitary Officer :—

JOSEPH B. DURO, C.R.S.I.

Assistant Sanitary Inspector :—

WM. SHAW, C.R.S.I.

Health Visitors and School Nurses :—

Miss M. E. SHERLOCK, C.M.B.

Miss M. A. SHAKESPEARE, C.M.B.

Miss H. BLAIR, C.M.B.

Matron, Isolation Hospital :—

Miss A. M. JOHNSTON.

Matron of Maternity Home :—

Miss M. J. WALLEY, A.R.R.C., C.M.B.

*Tuberculosis Nurse and Inspector of Midwives (appointed by
Derbyshire County Council) :—*

• Miss R. HANKINSON, C.M.B.

Clerks :—

Miss L. TRUEMAN

Miss E. SISSON

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH, MATERNITY
AND CHILD WELFARE AND HOUSING COMMITTEES OF THE
BOROUGH OF ILKESTON.

TOWN HALL,
ILKESTON,

May, 1923.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1923. A study of the Vital Statistics for the year shows unfortunately that the death rate which was 9·6 in 1922 rose to 10·4, and that the Infant Mortality rate which was 83 in 1922 rose to 91. The increase in the general death rate has been almost entirely due to an increased number of deaths from Pneumonia, Bronchitis, and other Non-Tubercular Respiratory diseases principally at the latter end of the year, at the commencement of the Influenza epidemic. In 1922 there were 62 deaths from these lung complaints, but in 1923 there were 85. Deaths from Cancer and Malignant disease accounted for 10 more deaths than the year 1922. These two items alone account for 33 more deaths than in 1922, and in addition the death rate of elderly persons of 65 and upwards has increased from 28·5 in 1922 to 29·8 in 1923.

The Infant Mortality rate shows a steep rise over the year 1922. In 1922 there were 65 deaths of infants out of a total of 775 births, but in 1923 there were 67 deaths out of a total of 734 births. The increased mortality rate can be entirely accounted for by the increased number of deaths from Diarrhœa and Enteritis; there were 3 deaths from this cause in 1922 and 9 deaths in 1923. If the Diarrhœa deaths had been the same in 1923 as in 1922, the Infant Mortality rate would have been the lowest on record for the Borough. Last summer was moist, warm and most suitable for the propogation of flies, and for the deterioration and germ growing powers of milk. This may account for the prevalence of Diarrhœa. In this connection it is interesting to note that in 1921 during a record summer of sunlight, heat and drought, only 6 deaths of infants occurred from Diarrhœa out of a total number of 897 infants born that year.

Reference to Table V. compares the Vital Statistics for the year Ward with Ward. It shows amongst other things that Granby Ward had the highest Birth Rate, 28·9, and the highest Infant Mortality Rate, 142·8 compared with 21·9 and 91·2 respectively for the whole Borough. Four out of the total of nine deaths from Diarrhœa occurred in this Ward. There is no doubt that where there is a large family coupled with poverty the implication is that there will be maternal overwork, deficient maternal nutrition and insufficient attention to domestic cleanliness, especially in relation to the infant's food, and in consequence a higher rate of Infant Mortality.

Between 600 and 700 houses are required to be built in the Borough during the next 3 years and it is to be hoped that the Housing Committee will give the housing needs of the people their very earnest attention. The moral degradation which occurs where there is overcrowding is very obvious to social workers, and from the Health point of view overcrowding will sow the seeds of future disease. Money spent on Sanatoria for Consumption has been money spent chiefly on treating the effect of bad housing; instead of spending so much money in this direction it would be better applied in building houses for the people.

During the year my attention has several times been directed to the unsatisfactory sanitary condition of some of the fried fish and chip shops. A census was taken of these last September, and there are no less than 47 in the Borough. There are no bye-laws governing the Sanitary condition of these shops. In one case it was reported to me that sliced potatoes in course of preparation for human consumption were being soaked in the same receptacle which boiled the household dirty linen. If this kind of thing is done, it is possible for worse things to happen which are never brought to light without a free inspection of all premises where food is prepared for public consumption.

Illnesses from dirt diseases are common and facilities for bathing in the houses of the working classes are noticeable by their absence. Public Baths are an obvious amenity to which the Committee might in the near future give attention. The Baths might be made available for School Children during School hours on some such principle as obtains in the London County Council Area.

Special reports were circulated to the Committee during the year on (1) Milk and Clean Milk Production. (2) On the Housing Needs of the Borough (3) A précis of the 1921 Census enumeration as it applied to the Borough.

The particular needs of the district are :—

- (1) Conversion of Pail Closets to Water Closets.
- (2) Ashbins should take the place of Ashpits.
- (3) Public Baths.
- (4) Bye-laws for the regulation of establishments where food for public consumption is prepared, such as fish and chip shops.
- (5) All wells should be permanently sealed.
- (6) More frequent watering of the streets and insisting that shopkeepers and others should not sweep out the refuse from their establishments into the gutters. (This is almost invariably done after the Corporation Scavengers have finished cleansing the streets).

I beg to thank you Mr. Chairman, Ladies and Gentlemen for your valuable assistance in my endeavours to promote the Health of the people.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. DE V. KING.

GENERAL STATISTICS.

Area (in acres—land and inland water)	..	..	2,526
Population :—			
Census 1911	..	..	31,657
Census 1921	..	..	32,266
Estimated 1923 (Registrar General's Estimate)	..		33,450
No. of Inhabited Houses (Census 1921, 6680)		..	6,813
No. of persons per acre	..	..	13·2
Rateable Value	..	..	£135,886 12s. 0d.
Sum represented by a penny rate	..	..	£490 0s. 0d.

VITAL STATISTICS.

(NOTE—Rate per 1,000 of population, except Infant Mortality, Illegitimate Birth Rate, Senile Mortality and Puerperal Mortality).

Births.

(a) Total number	..	..	734
(b) Males	..	..	386
(c) Females	..	..	348
(d) Birth-rate	..	..	21·95
(e) Birth-rate for England and Wales (19·7).			

Illegitimate Birth Rate.

(a) No. of Legitimate Births	..	..	708
(b) No. of Illegitimate Births	..	..	26
(c) Illegitimate Birth Rate (percentage of total births).	..	..	3·54

Marriage Rate.

No of Marriages	..	..	221
Marriage Rate	..	..	6·6

Deaths.

(a)	Total number from all causes	..	..	348
(b)	Males	..	..	172
(c)	Females	..	..	176
(d)	General Death Rate	..	..	10.40
(e)	Death Rate for England and Wales (11.6).			

Deaths of Infants under One Year.

(a)	Total number	..	..	67
(b)	No. of deaths of Legitimate Infants	..		59
(c)	No. of deaths of Illegitimate Infants	..		8
(d)	Legitimate Infant Mortality	..	..	83.33
(e)	Illegitimate Infant Mortality	..	..	307.69
(f)	Infant Mortality Rate (total Infant deaths per 1,000 Births)	..	..	91.2
(g)	Infant Mortality for England and Wales (69).			

Deaths of Elderly Persons (65 years and upwards).

(a)	Number	..	..	104
(b)	Senile Mortality (Percentage of Total Deaths)			29.8

Puerperal Mortality (women dying in ; or in consequence of child-birth).

(a)	From Sepsis	..	..	Nil.
(b)	From other causes	..	..	2
(c)	Mortality from Puerperal Sepsis	..	..	Nil.
(d)	Puerperal Mortality (per 1,000 births) all causes.	..	..	2.72

Zymotic Mortality. (*i.e.*, deaths from Small-Pox, Measles, Scarlet Fever, Diphtheria, Typhoid Fever, Whooping Cough and Diarrhœa)

(a)	Number of deaths	..	..	23
(b)	Zymotic Mortality	..	..	0.68

Deaths from Cancer (and other Malignant Diseases).

(a)	No. of deaths	..	..	32
(b)	Cancer Mortality	..	..	0.95

Deaths from the chief Respiratory Diseases (Pneumonia, Bronchitis).

(a) No. of deaths	..	..	..	85
(b) Respiratory Mortality (Non-Tubercular)	..			2.54

Deaths from Tuberculosis.

(a) Total No. of deaths	..	..	..	26
(b) Pulmonary	..	..	..	21
(c) Other forms	..	..	..	5
(d) Phthisis Mortality	..	..	..	0.62
(e) Tubercular Mortality all causes	..	..	..	0.77

Poor Law Relief.

For Poor Law purposes the Borough is under the Basford Union and the amount expended in Poor Law Out-door Relief was £3,841 18s. 3d. The amount expended in 1922 was £3,366 9s. 5d., and in 1921 it was £2,660 10s. 6d.

Rainfall, Water Consumption and Sewage Treated.

The following particulars have been kindly supplied by the Borough Surveyor.

Rainfall.

The undernoted Table gives a record of the rainfall taken at the Sewage Works for 1923 :—

				Total Depth Inches.	Greatest fall in 24 hours. Inches.	Date.
January	..	..	..	.98	.29	5th
February	..	..	..	3.43	.46	18th
March	..	..	..	1.02	.20	1st
April	..	..	..	2.03	.67	12th
May	..	..	..	2.55	.86	5th
June	..	..	..	0.32	.07	10th
July	..	..	..	4.33	.75	9th
August	..	..	..	2.74	.63	29th
September	..	..	..	2.10	.66	14th
October	..	..	..	1.52	.20	27th
November	..	..	..	1.90	.44	13th
December	..	..	..	2.67	.50	27th
Total				25.59		

Water Consumption.

The average daily consumption amounted to 732,524 gallons. Of this amount 601,683 gallons represent consumption for domestic purposes, and 130,841 gallons for trade purposes. The consumption per head per day (for the estimated population of 33,450) amounts to 21·9 gallons, 18 of which are for domestic purposes and 3·9 for trade purposes.

Sewage Treated.

The amount of Sewage treated at the Sewage Disposal Works amounted to 1,069,741 gallons daily.

Excrement and Scavenging and **Refuse Disposal** are shown in the following table.

ILKESTON DISTRICT 1923.

EXCREMENT DISPOSAL.

	Approximate number of houses with				Number of houses converted from privy-middens to water Closets	Number of defective privies improved.
	Privy middens	Pail Closets	Water Closets	Slop Water Closets		
In whole District	(a) 57	(b) 2241	(c) 5071	(d) 319	(e) 48 privies made into 85 water Closets.	Nil.

NOTE.—(a) Total number of privy middens 36. Of these 12 are shared by 26 houses which are adjacent to the sewer and are therefore convertible to water closets, and 24 are shared by 31 houses which cannot reach the sewer and are therefore not convertible.
 (b) Total number of pail closets is 2,170 shared by 2,241 houses.
 (c) Total number of water closets is 4,969 shared by 5,071 houses.
 (d) Slopwater closets 319 shared by 319 houses.
 (e) In addition 22 pail closets were converted to 24 water closets.
 The term houses in this table includes dwelling places, churches, chapels, factories, workshops, schools, etc.

SCAVENGING AND REFUSE DISPOSAL.

Parts of Urban Districts or (in Rural Districts) Parishes in which scavenging is carried out	Population of separate areas for which there is public scavenging.	If done by.			Cost.		Refuse Tips.	
		Servants of Council	Under Con- tract.	Occupiers of houses.	Total Cost throughout District during year.	Cost per house per annum.	How Refuse is disposed of	Precautions taken at tips against flies and rats.
ILKESTON BOROUGH.	33,450	No.	Yes.	No.	£3,841	9/11·9	Tipped on land at Gallows Inn and filling up of land on Pimlico Recreation Ground.	Refuse is covered by soil and levelled.

**TABLE 1. COMPARATIVE VITAL STATISTICS.
Birth Rate, Death Rate, and Analysis of Mortality during Year 1923.**

Annual Death Rate per 1,000 population.		Rate per 1,000 Births.				Percentage of Total Deaths.									
Birth Rate per 1,000 Total Population.	All Causes	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year	Causes of death certified by registered Medical Practitioners	Inquest Cases	Uncertified Causes of Death	
England and Wales ..	19.7	11.6	0.01	—	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1
105 County Boroughs and Great Towns (including London) ..	20.4	11.6	0.01	—	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000) ..	19.8	10.6	0.01	—	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3
LONDON ..	20.2	11.2	0.01	—	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1
ILKESTON ..	21.9	10.4	0.03	—	0.09	0.03	0.11	0.03	0.11	0.47	17.7	91.2	92.2	5.5	2.3

Comparative Vital Statistics.

A study of Table 1 shows by comparison with 157 Towns in England and Wales with populations between 20,000 and 50,000, that the Birth Rate is higher, the General Death Rate lower, but that the Infantile Mortality Rate is far in excess.

The rates for Ilkeston may be compared with those for the whole of the County of Derbyshire as follows :—

		Birth Rate	Death Rate	Infantile Mortality
Ilkeston	..	21·95	10·40	91·2
Derbyshire	..	20·80	10·80	76·4

The causes of the deaths of the 348 people who died in 1923, with age and sex distribution are set out in the following Table 2.

TABLE II.
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1923.

CAUSES OF DEATH	0—1		1—2		2—5		5—15		15—25		25—45		45—65		65—75		75 up		Total	Total ALL AGES AND SEXES	
	M F		M F		M F		M F		M F		M F		M F		M F		M F		M F		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Certified (in- cluding 19 inquests)	35	28	8	8	6	8	6	6	8	8	23	21	37	35	27	35	17	24	167	173	340
Uncertified	2	2	—	—	—	—	—	1	—	—	—	—	2	—	—	—	1	—	5	3	8
Enteric Fever	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Measles ..	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Scarlet Fever ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping Cough	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Diphtheria ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Influenza ..	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	—	—	1	3	4
Tuberculosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ..	—	—	—	—	—	—	—	—	1	1	11	4	2	2	—	—	—	—	14	7	21
Tuberculosis other Forms	—	—	—	—	1	—	1	1	—	—	1	—	—	1	—	—	—	—	3	2	5
Cancer, Malignant Disease ..	—	—	—	—	—	—	—	—	—	1	—	2	10	10	4	4	—	1	14	18	32
Rheumatic Fever	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	1	2	3
Diabetes ..	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	1	—	5	5
Cerebral Hæ- morrhage, etc.	—	—	—	—	—	—	—	—	—	—	—	—	3	3	3	7	3	3	9	13	22
Heart Disease ..	—	—	—	—	—	—	1	—	1	—	2	3	2	4	3	3	1	3	10	13	23
Arterio Sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2
Bronchitis ..	4	4	1	1	1	4	1	—	1	1	1	—	2	3	6	2	7	4	24	19	43
Pneumonia (all Forms) ..	9	2	3	3	3	—	—	—	—	1	1	2	4	2	2	3	—	—	22	13	35
Other Respira- tory Diseases	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	2	—	—	4	3	7
Ulcer of Stomach & Duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Diarrhœa under 2 years, etc. ..	8	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	1	13
Appendicitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Cirrhosis of Liver ..	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	—	2	3	5
Acute & Chronic Nephritis ..	—	—	—	1	—	—	—	—	—	1	1	—	—	2	2	—	—	—	3	4	7
Accidents and diseases of pregnancy and parturition ..	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	2
Congenital Debility, Mal- formation and prematurity	9	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	15	24
Suicide ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Other Deaths from Violence	—	—	—	1	—	—	2	—	4	—	3	1	2	—	—	—	1	—	12	2	14
Other defined diseases ..	4	5	—	—	1	2	1	1	1	2	3	5	7	3	2	10	6	11	25	39	64
Causes ill-defined or unknown ..	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
TOTAL	37	30	8	8	6	8	6	7	8	8	23	21	39	35	27	35	18	24	172	176	348

The causes of deaths of Infants under one year of age are analysed in Table 3, and Table 4 groups the deaths according to certain causes of death for a period covering the last 10 years.

TABLE III.—INFANTILE MORTALITY DURING 1923.
Deaths from Stated Causes at Various Ages under One year.

CAUSES OF DEATH	Under 1 wk.		1—2 wks.		2—3 wks.		3—4 wks.		Total under 4 wks.		1—3 mos.		3—6 mos.		6—9 mos.		9—12 mos.		Total under 1 year
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Prematurity, Debility, &c.	3	9	—	—	—	—	—	—	3	9	4	2	1	1	—	—	—	—	20
Congenital Malformations ..	1	1	—	—	—	—	—	1	1	2	—	—	—	—	—	1	—	—	4
Pneumonia (All Forms)	—	—	—	—	—	—	—	—	—	—	—	1	4	—	1	1	4	—	11
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	1	1	2	8
Diarrhœa and Enteritis	—	—	1	—	—	—	2	—	3	—	2	1	1	—	1	—	1	—	9
Convulsions	1	—	—	—	—	—	—	—	1	—	—	—	—	1	2	1	—	—	5
Syphilis Congenital ..	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
Miscellaneous or unknown	—	2	—	—	—	—	—	1	—	3	—	1	—	—	—	—	1	—	5
TOTALS ..	5	12	1	—	—	—	2	2	8	14	9	7	7	2	6	4	8	2	67

Two deaths in the above Table (under the heading Miscellaneous or Unknown) represented two bodies of infants found wrapped in paper in the Old Cemetery. The parents are unknown and the post mortem showed that the infants had lived after birth.

TABLE IV.—INFANTILE MORTALITY FROM 1914 TO 1923.
Deaths grouped according to certain Causes of Death.

CAUSES OF DEATH	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Prematurity, Marasmus, etc.	56	55	48	48	48	48	36	38	37	24
Diarrhœa, Enteritis, etc.	22	10	8	4	8	4	9	6	3	9
Respiratory Diseases ..	27	34	18	24	13	32	20	26	16	19
Miscellaneous	27	32	8	17	18	12	27	13	9	15
TOTALS ..	132	131	82	93	67	96	92	83	65	67
BIRTHS	883	919	802	733	708	734	929	897	775	734
Infantile Mortality Rates										
(a) Ilkeston	149	142	102	129	94	129	99	92	83	91
(b) England and Wales..	104	110	91	97	97	89	80	83	77	69

Table 5 has been compiled as an attempt to Tabulate the Vital Statistics of the Borough by Wards. The estimated populations of the Wards have been based on the assumption that the increase of population in each Ward in 1923 was in the same proportion as that found during the enumeration of the population by Wards in the 1921 Census, taking into account the difference between the Census population of the Borough in 1921 which was 32,266 and the Registrar General's estimated population in 1923 which was 33,450.

TABLE V. Vital Statistics by Wards.

WARD.	Estimated population	Acreage	Persons per Acre	No of Births	Birth Rate	Total No. of Deaths	General Death Rate	No. of Deaths of Infants under 1 year	Infant Mortality rate per 1,000 Births
North Ward	6288	497	12·6	139	22·1	38	6·0	9	64·7
Granby Ward	4359	204	21·3	126	28·9	49	11·2	18	142·8
Victoria Ward	3668	529	6·9	44	11·9	46	12·5	5	113·5
Market Ward	6918	216	32·0	166	23·9	79	11·4	11	66·2
Old Park Ward	5886	306	19·2	124	21·0	68	11·5	13	104·8
South Ward	6331	774	8·1	135	21·3	68	10·7	11	81·4
TOTALS	33450	2526	13·2	734	21·9	348	10·4	67	91·2

Prevalence of and Control over Infectious Diseases.

Deaths from the seven principal Zymotic Diseases (Small-Pox, Typhoid, Diphtheria, Scarlet Fever, Measles, Whooping Cough and Diarrhœa) which occurred during the year were 23, producing a rate of 0·68 against 0·18 in 1922. This increase has been mainly due to deaths from Diarrhœa under 2 years of age, there being 13 deaths from this complaint in 1923 against 3 deaths in 1922. Table 6 gives the age and sex distribution of certain diseases notified according to law by general practitioners.

TABLE VI. Cases of Notifiable Disease during 1923.

AGE GROUPS.	Sex.	Scarlet Fever.	Diph- theria.	Small- Pox.	Enteric Fever.	Chicken Pox.	Pneumonia	Erysipelas	Pulmonary	Tuberculosis. Other forms.
0—1	M.	—	—	—	—	1	—	—	—	—
	F.	—	—	1	—	3	—	—	—	—
1—2	M.	—	—	—	—	4	—	—	—	—
	F.	—	—	—	—	4	—	—	—	—
2—3	M.	—	—	—	1	4	2	—	—	—
	F.	—	—	—	—	5	—	—	—	—
3—4	M.	—	—	—	—	6	1	—	—	—
	F.	—	—	—	—	8	—	—	—	—
4—5	M.	1	—	1	—	6	—	—	—	—
	F.	—	—	—	1	5	—	—	—	—
5—10	M.	4	1	1	—	40	4	4	3	—
	F.	6	—	—	—	53	1	—	1	—
10—15	M.	4	—	1	—	4	3	—	4	—
	F.	8	1	1	2	1	4	—	3	—
15—20	M.	2	—	4	—	1	2	—	2	—
	F.	3	—	1	—	—	—	1	5	—
20—35	M.	—	—	1	2	—	4	—	7	—
	F.	1	1	1	—	—	3	—	6	—
35—45	M.	—	—	—	—	—	3	—	—	—
	F.	—	—	—	—	—	1	—	—	—
45—65	M.	—	—	—	—	—	4	—	2	—
	F.	—	—	—	—	—	1	3	2	—
65 upwards	M.	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—
TOTAL ALL AGES	M.	11	1	10	3	66	24	1	21	3
	F.	18	2	5	3	79	10	3	15	5
GRAND TOTAL	..	29	3	15	6	145	34	4	36	8

NOTE.—Chicken Pox was made notifiable in the district on February 14th, 1922, owing to the prevalence of Small-Pox, which disease is sometimes mistaken for Chicken Pox.

Ophthalmia Neonatorum is also one of the infectious notifiable diseases. It is a disease of the eyes of the new born child which if left untreated causes partial or permanent blindness in one or both eyes and is due to infection from the microbe of Gonorrhœa from a parent infected with the disease. Only 2 cases were notified during the year against 5 cases in 1922 and 11 cases in 1921. The decrease in the number of cases may be due either to less Venereal Disease in the district, or to the greater care now expended by Midwives in instilling certain antiseptic drops into the eyes of the new born infant for the purpose of killing the Gonococcus if present, before it has time to cause any damage. By Rule E 16 of the Central Midwives Board, Midwives are bound to notify to a Medical Practitioner any case however slight, of discharge from the eyes of the new born child. Table 7 is compiled according to the requirements of the Ministry of Health.

TABLE VII.—Ophthalmia Neonatorum.

Notified.	At Home.	TREATED in Hospital.	At Clinic.	Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
2	—	—	2	2	—	—	—

Scarlet Fever.

During the year 29 cases were notified compared with 53 during 1922. Towards the latter end of 1923 and the beginning of this year (1924) the type of disease was extremely virulent, commencing in several cases with severe Diarrhœa, and followed by one or more of the numerous complications common to Scarlet Fever, such as Albuminuria, Pneumonia, Otitis Media and Arthritis. One child aged 6 died of complications. Of the 29 cases 18 were isolated in Hospital, and 11 were allowed to be nursed at home where the environment was considered to be satisfactory for proper isolation. Of the 18 cases isolated in hospital, 10 were admitted to Basford Isolation Hospital, and 8 to the Borough Hospital, the reason being that the Borough Hospital was doing duty as a Small-Pox Hospital for the greater part of the year.

Diphtheria.

Three cases were notified during the year compared with 6 in 1922. There was one death. One case was isolated at Basford Isolation Hospital, and 2 at home. Table 8 shows the number of cases of Scarlet Fever and Diphtheria notified during the last 15 years.

TABLE VIII.—Annual Notifications of Scarlet Fever and Diphtheria from 1909 to 1923.

Scarlet Fever ..	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
	5	20	36	22	28	58	127	24	8	13	26	42	30	53	29
Diphtheria	74	39	51	28	42	67	72	33	20	16	39	25	3	6	3

Total Cases of Scarlet Fever in 15 years .. 521

Total Cases of Diphtheria in 15 years .. 518

The reduction of the number of notified cases of Diphtheria during the last 3 years is very remarkable.

Small-Pox.

Fifteen cases were notified during the year compared with 100 cases in 1922. Most of the cases appear to have become infected from neighbouring districts. The last case to be notified was on April 26th, 1923. Out of the 15 cases, 2 had been vaccinated in infancy 42 and 61 years ago respectively, and 13 had never been vaccinated. There is no doubt that Small-Pox would have continued to spread in the Borough but for the barrier of persons who had been recently vaccinated during the epidemic of 1922. All the cases were isolated at the Borough Isolation Hospital. The Vaccination Officer reports as follows :—Under the Vaccination Act for the year ended December 31st, 1923, there were 197 Infantile Vaccinations and 349 Exemptions. The total number of Vaccinations and Re-Vaccinations performed by the Public Vaccinator and his Deputy amounted to 368 Primary Vaccinations and 61 Re-Vaccinations, giving a total of 429 persons recently vaccinated during the year, and acting as a barrier against Small-Pox infection, compared with over 3,000 persons similarly protected in 1922.

The Vaccinations and Exemptions under the Vaccination Act for the last seven years may be compared as follows :—

Year.	Vaccinations.	Exemptions.
1917 ..	224	368
1918 ..	171	306
1919 ..	142	367
1920 ..	244	565
1921 ..	364	537
1922 ..	218	402
1923 ..	197	349

Enteric Fever.

There were six cases of Enteric Fever all from the same house,

Exhaustive enquiries were made as to the origin of the infection, but nothing definite was found. However, the backyard of the house contained a disused surface well, the water from which was used on a hot summer's day for bathing purposes by one of the patients "because it was cool though it had a horrible smell." Three weeks afterwards this young man developed Enteric Fever, to be followed in another 3 weeks by a second member of his family, and thereafter at short intervals by 4 others in his family. The water from the well was examined, but though grossly polluted, did not present the germ of Enteric Fever by cultural tests. There was one death.

Chicken Pox.

This disease was made notifiable locally on February 14th, 1922, and continues to be so on account of the prevalence of Small-Pox in and about the Borough with which disease it may be confused. Although only 145 cases were notified, there must have been a great many more, for whom a doctor was never called, owing to the mildness of the complaint.

Hospital Accommodation for Infectious Disease.

This Hospital is situated at Little Hallam at the South end of the town. It has normally 18 beds, with a Lyons Disinfector, laundry, and mortuary, and stands on an area of about 5 acres. The building is antiquated, and requires constant expensive repairs to keep it in order. It has no separate administrative block, and the living quarters for the staff is insufficient and part of it very damp. Patients are removed by horse abulance; the horse being hired as required there is sometimes difficulty in obtaining one without considerable delay.

During the greater part of the year the Hospital was kept open for the reception of cases of Small-Pox, other cases of Infectious Disease being sent to the Basford Isolation Hospital. The Borough Isolation Hospital received 15 cases of Small-Pox, 8 cases of Scarlet Fever and 3 cases of Pulmonary Tuberculosis, whereas 10 cases of Scarlet Fever and one of Diphtheria were sent to Basford.

A very large amount of steam disinfection of bedding, etc., was done during the year at the Borough Isolation Hospital, not only for ordinary Infectious Disease, but after deaths from Pulmonary Tuberculosis and Cancer; the disinfestation of bedding, etc., for Lice and Scabies was also undertaken.

The cost of treating 10 cases of Scarlet Fever and 1 case of Diphtheria at Basford Isolation Hospital was £225 18s.

Laboratory Work.

Pathological and Bacteriological examinations, etc., are made by arrangement with the County Council, the examinations being conducted in their laboratory at Derby. A supply of outfits is kept in the Public Health Office, and Practitioners are invited to make full use of these for the purpose of diagnosis. Diphtheria Antitoxin, Puerperal Fever Anti-Serum, and Anti-Scarletinal Serum are also kept at the Health Office, and at the Isolation Hospital for the use of local practitioners, free of charge.

The following is a summary of the specimens examined in the County Council's Laboratory during the year 1923 relating to the Borough.

	Positive.	Negative.	TOTAL
Enteric Fever	.. 2	.. 8	.. 10
Diphtheria	.. 2	.. 74	.. 76
Phthisis ..	.. —	.. 2	.. 2
Miscellaneous	.. 171	.. 129	.. 300
TOTALS	.. 175	.. 213	.. 388

During 1922 the total number of specimens examined was 192, so that the amount of material sent in by Ilkeston for examination has doubled.

TUBERCULOSIS AND TUBERCULOSIS DISPENSARY.

During the year 36 cases of Pulmonary Tuberculosis and 8 cases of Non-Pulmonary Tuberculosis were notified. There were 21 deaths registered as due to Pulmonary Tuberculosis, giving a Phthisis death rate of 0·62 per 1,000 of the population, and 5 deaths from other forms, causing a Tubercular Mortality rate of 0·77 from all causes of Tuberculosis. In 1922 these rates were respectively 0·48 and 0·69 per 1,000 of the population. Out of the 26 total deaths from Tuberculosis, 5 cases or 19·2 per cent. had never been notified during life by medical practitioners as suffering from Tuberculosis, and 5 other cases were notified 1, 2, 3, 8 and 26 days before death. If the Tuberculosis scourge is to be properly attacked, the disease must be diagnosed and treated in its earliest stages.

As a general rule there is very little co-operation by the general practitioners of the district with the Tuberculosis Officer. The County Tuberculosis Officer attends morning and afternoon every

Monday for the examination, observation and treatment of Tuberculosis, and practitioners have been repeatedly invited to send their doubtful cases to him for his opinion, for the detection of the early signs of the disease is not always an easy matter.

The work of the Tuberculosis Officer for the year 1923, is shown in Tabular form in Tables 9 and 9a. It may be noted that out of 186 old and new patients who attended the Dispensary, 111 were found to be Tubercular, of whom 84 or 75·6 per cent. were suffering from Pulmonary Tuberculosis, and 27 or 24·4 per cent. were suffering from other forms as follows :—Bones and joints 10 cases, Glands 10 cases, Abdomen 3 cases, Skin (Lupus) 2 cases, Eye 2 cases. This is a rather high proportion of cases of surgical Tuberculosis, and calls for further means of amelioration than is at present arranged for by the Borough. In this connection it is of importance to note that the County Council (at the suggestion of Dr. Barwise, the County Medical Officer) are arranging with the sanction of the Ministry of Health to open a small Hospital at Bretby for this class of case and other Orthopædic work, but particularly for Tubercular cases. It is to be hoped that though these cases are necessarily expensive to treat owing to their long residence in Hospital, the Town Council will move in the matter and make use of the Scheme.

The Tuberculosis Officer reports that there are a large number of children suffering from signs in the lungs simulating Tuberculosis, but which are at first nothing more than obstructive signs caused by enlarged Tonsils and Adenoids. These signs clear up in a few months with deep breathing exercises after the Tonsils have been enucleated. In cases where enlarged Tonsils are allowed to persist, these lymphatic organs are an ever present portal of infection for Tuberculosis. But parents are difficult to persuade to get this operation performed on their children. Out of 37 new cases found to be Tubercular, 9 refused Sanatorium treatment. This is a high proportion of refusals and a very great pity. Not only do patients return from Sanatorium treatment better in every way, but they obtain practical instruction by example and lectures as to their future mode of life which is not only of great use to them personally, but teaches them how to prevent the dissemination of their disease to others. Three shelters were provided by the County Council. Ex-Servicemen accounted for 34 cases out of the total 186 cases. The Sanatoria to which Ilkeston patients are sent are Walton and Penmore.

MATERNITY AND CHILD WELFARE.

Child Welfare Centres.

The two centres are one at the Albert Street School Clinic, attended weekly on Tuesday afternoons by Dr. Dobson, and the other at the United Methodist Chapel, Cotmanhay, attended weekly on Thursday afternoons by the Medical Officer of Health, who superintends both centres. Each Centre has the assistance of the Senior Health Visitor and one of the junior Nurses. The clerical work is performed by one of the clerks, and one or two of the lady members of the Maternity & Child Welfare Committee are also present to give their help. A Summary of attendances at both Clinics is shown in Table 10.

TABLE X.

Summary of Attendances, etc., at both Infant Welfare Centres during 1923, and compared with 1922.

Year.	Central Clinic.			Cotmanhay Clinic.		
	No. of individual children,	Attend-ances.	Examined by Doctor.	No. of individual children.	Attend-ances.	Examined by Doctor.
1922	594	1998	395	357	1099	225
1923	519	1669	350	325	1130	271

Health Visiting.

Miss Sherlock, Chief Health Visitor, supervises the work of the other Health Visitors, and carries out Child Welfare work in the South Ward. Miss Shakespeare carries out Child Welfare work in Market, Victoria, and Old Park Wards, and Miss Blair is similarly in charge of Granby and North Wards. In addition to these duties, the Health Visitors are also School Nurses.

There is not the slightest doubt that the work of the Health Visitors is very much appreciated and that they are doing valuable work not only towards saving infant lives, but also in disseminating progressive propaganda on general health matters in the homes of the people. Through the Health Visitors cases of wilful neglect have been brought to the notice of the Inspector of Cruelty to Children, parents have been pleaded with to obtain

a doctor in cases of illness, cases of poverty have been brought to the notice of the Relieving Officer, dirty Houses have been notified to the Sanitary Staff for cleansing, nuisances and repairs to dwellings have been notified, infant deaths and still-births are fully reported on, all this and much more besides has been done by the Health Visiting Staff, patiently and conscientiously.

Applications for Free Milk.

The number of persons who have applied for free milk during the financial year ending 31st March, 1924, has been 401 compared with 760 for the previous year, and the individual number of applications amounted to 103 compared with 349 during the previous financial year.

The amount of dry milk powder dispensed in the form of Glaxo or Cow & Gate, at the Welfare Centres at slightly above cost price, amounted to 3,554 lbs., and the amount of Virol to 155 lbs.

Notification of Births Act.

During the year 742 live births were notified of which 733 were registered. Doctors notified 136 cases, Midwives 497, and 109 were notified from the Maternity Home.

In Great Britain there is no official registration of **still-births**, but under the Notification of Births Act, the birth of any child "which has issued forth from its mother after the expiration of the twenty-eighth week of pregnancy, whether alive or dead" is required to be notified to the Medical Officer of Health. The rule of the Central Midwives Board, England, prescribes that an infant is to be regarded as still-born if after complete birth it "has not breathed or shown signs of life" and this is the definition generally adopted in this country and used for registration purposes. The Central Midwives Board require Midwives to notify still-births without any defined limitation to ages over the 28th week.

The number of still-births notified was 33, which may be expressed as a percentage of registered (live) births by the figure 4.5 compared with 3.2 for the year 1922. Notes have been compiled regarding the circumstances of 27 still-births, and an analysis of the notes proves how important it is for mothers to

consult their doctors early for illnesses during pregnancy. Many of these illnesses are due to what is known as Toxæmias of pregnancy, and patients not only jeopardise the lives of their unborn child, but their own as well by not seeking treatment early enough. Out of 27 parents who bore dead infants, there was an ante-natal history of Albuminuria in 6 or 22 per cent., and of illnesses not defined but lasting some time in 10 or 37 per cent. Therefore it appears that almost 60 per cent. of the causes of still-birth has been due to ante-natal illnesses on the part of the parent. Many of those are preventible if taken in time, and the majority are more satisfactorily treated in an Institution such as the Ilkeston Maternity Home, but owing to the lack of "Mothers Helps," etc., the parents find it impossible to leave home and a large family without a substitute. The remaining 40 per cent. of still-births appear to have been due to such causes as instrumental delivery 3 cases, prolapse of the cord, Mal-presentations and complications during delivery 7 cases, and congenital deformity 1 case.

Syphilis in the parent is the cause of a considerable number of abortions and still-births, and so also are drugs which certain types of parents take in order to procure abortion or still-birth. It is impossible to estimate how much Syphilis there is or to state how many people use abortifacients in the Borough.

TABLE XI.—Summary of work done by the Health Visitors.

Summary of Monthly Reports, 1923.

Births Notified (Twins, 12)	..	..	..	742
Males	..	..	..	375
Females	..	..	..	367
Still Births	..	..	..	33
Died within 3 days	..	..	..	12
Attended by Medical Practitioners	..	..	..	136
Attended by Midwives only	..	..	..	497
Admitted to Maternity Home	..	..	..	109
Total number of visits paid	..	..	..	5342
Children weighed	..	..	..	700
Average weight	..	..	..	7.4 lbs.
Breast-fed at Birth	..	..	..	675
Bottle-fed at Birth	..	..	..	10
Breast and Bottle-fed at Birth	..	..	..	3
Spoon-fed at Birth	..	..	..	8
Pre-natal cases visited	..	..	..	16
Not Visited	..	..	..	4
Outside the Borough	..	..	..	9

Midwives' Acts.

The administration of these Acts is carried out by the Derbyshire County Council. During 1923 there were 5 Midwives practising in the Borough, who held the Certificate of the Central Midwives' Board, and 5 practising as "bona-fide" Midwives.

It seems that the Midwives as a whole carry out their work satisfactorily in so far as the labour and puerperium are concerned, but almost all of them fail to keep in touch with their patients during pregnancy, and only attend when summoned for the labour. It is not surprising therefore that Midwives are often faced with difficulties involving the death of the child or mother, which might have been prevented if she had been on the look-out for "danger signals" during the ante-natal period and advised her patient to obtain medical advice. Part of the curriculum of the Midwives course should be taken at an Ante-Natal Clinic, and they should be encouraged to make a point of paying an occasional ante-natal visit to their clients.

The following "records" were sent in by Midwives practising in the Borough.

Sending for Medical Help	..	..	102
Notifying Still Births	..	..	18
„ Deaths of Children	..	..	1
„ Liability to be a source of infection	..	..	1
Notification of Artificial feeding	..	..	9

There were no cases of Puerperal Fever in the practice of Midwives. Deaths following Childbirth numbered two, one in the practice of a Midwife and one in the Maternity Home. Four cases of discharging or inflamed eyes were investigated. Two of these cases were notified as Ophthalmia Neonatorum and were cured.

Maternity Home.

The Matron of the Home, Miss Walley, and her staff of Midwives continue to perform most satisfactory work, assisted when Medical help is required by Dr. Dobson, as the Obstetric Physician. All the pupil Midwives trained at the Home qualified for the certificate of the Central Midwives' Board.

Last year the Board insisted by a new rule that all pupils must, before sitting for their examination, have had experience in

conducting cases on the District in the patients' own homes. Means therefore had to be found to give the pupils the necessary experience. The simplest method would have been to send the pupils out with the Local Midwives on their cases, and two Midwives with some capacity for teaching were approached to undertake this training, but they were not willing. A scheme was then formed to appoint one of the Home Midwives to take cases on the District and so start an extern department in connection with the Home, but the response after 3 months was not promising, and finally the scheme was "turned down" by the Ministry of Health on the score of the liability of conveying infection into the Home, and because it was likely to take cases from the Midwives already established in practice in the district. By the present arrangement the pupils are sent to the Florence Nightingale Home, at Derby, where they take their extern cases with the Extern Midwife, at the Home.

The following Table 12 sets out in detail statistics connected with the Ilkeston Maternity Home in the form required by the Ministry of Health.

TABLE XII.

MATERNITY HOME, ILKESTON.

Details of Cases Admitted during Year 1923.

INFORMATION REQUIRED.			PARTICULARS.	
1. Total Number of Cases Admitted	..	..	115	<div> <div> <div>Labour Cases</div> <div>Ante-Natal</div> <div>Infant</div> </div> <div>..</div> <div>..</div> <div>..</div> </div> 109 5 1
2. Average duration of stay	..	..	14 days.	
3. No. of Cases delivered by—			101	
(a) Midwives	..	..	8	
(b) Doctors	..	..
4. No. of Cases in which Medical assistance was sought by the Midwife, with reasons for requiring assistance :—				
(a) Ante-Natal	..	..	(a) 5.	(Albuminuria 3; Haemorrhage 2.
(b) During Labour	..	..	(b) 8.	(Forceps extraction 7; Hydramnios 1.
(c) After Labour	..	..	(c) 8.	(Lacerated Perineum 5; Mental Depression 1; Puerperal Embolism 1; Collapse after Labour 1
(d) For Infant	..	..	(d) 7.	(Feeble at Birth 5; Talipes 1; Cephalhaematoma 1.
5. No. of Cases notified as puerperal sepsis with result of treatment in each case.	..	..	Nil.	

TABLE XII (continued).

INFORMATION REQUIRED		PARTICULARS
6. No. of Cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate. . . . .	..	One.
7. No. of Cases notified as Ophthalmia Neonatorum with result of treatment in each Case. . . . .	..	Nil.
8. No. of Cases of "Inflammation of the Eyes," however slight		Nil.
9. No. of Infants not entirely Breast-fed while in the Institution, with reasons why they were not breast-fed. . . . .	..	Two. Motherless Child 1. Premature Baby admitted on account of severe illness of mother with Pneumonia 1.
10. No. of Maternal Deaths, with causes. . . . .	..	One (Pulmonary Embolism).
11. No. of Fwtal Deaths (Still-born or within 10 days of birth) and their causes, and the results of the post mortem examination if obtainable. . . . .	..	Still-births 1. Anecephalus and Hydramnios 1. Macerated (both mothers suffered from Albuminuria before admission) 2. No Fœtal movements felt for 2 days 1. Within 10 days—4. Premature twins (7 months) 2. Atelectasis 1. Congenital Heart 1.

ANCILLARY SERVICES.

General Hospital.

This Hospital is situated in Heanor Road, at the north end of the town. It has accommodation for 50 beds since it was recently enlarged. Medical and surgical cases are now admitted and the work carried out fulfils the needs of the District.

Maternity Home.

The Corporation acquired in 1919 "Parkhyrst," Park Avenue, for the purpose of a Maternity Home. It has accommodation for 10 beds.

School Clinic and Tuberculosis Dispensary.

A combined School Clinic and Tuberculosis Dispensary was erected by the County Council, on land belonging to the Corporation in Albert Street, and opened in 1915. The upper floor is used for the purposes of School, Dental, and Infant Clinics, and consists of a Waiting Room, Doctor's Room and Dark Room for eye work. The lower floor is utilised as a Tuberculosis Dispensary by the County Council for Ilkeston, Heanor, Langley Mill, Codnor, Shipley, Smally, Mapperley, Kirk Hallam, West Hallam, and Stanton-by-Dale. The whole building serves a most useful function for the Borough and District, but it is too small for the rapid growth of public medical work.

Nursing Associations.

There are two Nursing Associations in the Borough, viz.:—The Ilkeston Nursing Association and the Shipley and Cotmanhay Nursing Association. The first maintains two nurses, and the second one nurse. The Corporation has recognised their value to the town by subsidizing them to nurse cases of Influenza, Pneumonia, epidemics of Measles and other diseases.

Home for Delicate Children.

A voluntary Association maintains a Home for Delicate Poor Children, at Bonsall, Matlock Bath. During 1923, 220 delicate children received the benefit of one week's residence and care at this Home, compared with 175 in 1922.

Ambulance Service.

The British Red Cross Society maintains a motor ambulance for the use of the Borough and adjoining district. It is stationed at Whitehead's Garage, Heanor Road. The Council pays the cost of the garage, and necessitous cases are conveyed free of charge. This service is not used for cases of Infectious Disease.

Venereal Disease.

A large number of persons, both adults and children, are treated in hospitals and institutions in Derby and Nottingham.

SANITARY ADMINISTRATION.

Staff.

Particulars of the Staff are set out in the first portion of the report. Mr. Shaw, who had been working as an unqualified assistant to the Sanitary Inspector, obtained the Diploma of the Royal Sanitary Institute on 14th April, 1923, and the Town Council appointed him a Sanitary Inspector, and allotted him the North and Granby Wards as his special sphere of action.

Sale of Food and Drugs Act, 1875.

This Act is administered by the County, and Mr. White, the County Analyst has supplied the following particulars :—

Articles analysed, Name, and Number of	By whom submitted for analysis	Result of analysis showing whether the sample was genuine or adulterated, and if adulterated, whatever the nature and extent of adulteration.	Observations and action taken.
Food and Drugs : including milk	Inspector W. Etchells.	59 Genuine. 1 Sample of Rice Slightly adulterated	None.
Total ..	60		
Milk ..	30	25 Genuine. 5 adulterated as follows :—	
		1—7% added water	Same Vendor paid costs, £1/19/6
		1—20% fat deficient	
		1—7% fat deficient	.. .. Cautioned
		1—3% added water	.. .. No action
		1—3% added water	.. .. No action

Milk and Cream Regulation 1912 and 1917.

The County Analyst examined 30 samples of milk and cream (not sold as preserved cream) and found them free from preservatives.

Milk and Dairies (Amendment) Act, 1922.

During the year special inspections were made of the milk producing farms in the Borough, and shops where milk is retailed. At the end of 1923, there were 9 milk producing farms and 129 shops where milk was retailed including sterilised milk in bottles. As a result of this general inspection a written report was circulated to every member of the Council pointing out the unprogressive methods of milk production at most of the farms, how these methods might be rectified and how the milk after it leaves the producer becomes further grossly contaminated by carelessness on the part of the retailer, and storage in the house of the consumer. Absolute ignorance abounds not only as to the food value of milk, but as to the necessity of a clean milk supply. Copies of the Report were also circulated to all producers in the Borough and to some of the larger retailers.

Public Health Acts Adopted.

Public Health Acts Amendment Act, 1890—

Part II., III., IV., V., adopted by Council, 7th October, 1890.

Public Health Acts Amendment Act, 1907—

Part II.

„ III., Sections 34 to 50 inclusive.

„ IV., Sections 52 to 66 inclusive and Section 68.

„ V.

„ VI.

„ X., Sections 92, 93 and 95.

Notification of Births Act, 1907, adopted 3rd December, 1907.

Infectious Disease (Prevention) Act, 1890.

HOUSING.

A special report on the housing needs of the Borough, was circulated to the Council in October, 1923, as the result of a census taken (in September, 1923), in certain streets of the Borough. Particulars were taken of 748 houses in twenty-seven streets

visited. In these houses the total number of occupiers was 5,652, and there were 1,913 bedrooms which gives an average of approximately 3 persons per bedroom—of the 748 houses, 278 were tenanted by two or more families; 155 of whom were desirous of obtaining a house of their own. The report estimated the Housing needs as follows :—

ESTIMATE OF HOUSING NEEDS.

Working Class Houses required during the next three years.

(a)	To meet the unsatisfied demand for houses taking account of :—	
(i)	Growth of Population	200
(ii)	Present overcrowding (minimum figures) ..	278
(b)	To replace houses unfit for human habitation and which cannot be made fit	66
(c)	To replace other houses which though not regarded as unfit for human habitation, fall definitely below a reasonable standard.	100
		<hr/> 644 <hr/>

The Council decided to invite private builders to make applications for the building of 175 houses under the Housing Act, 1923. Very little progress has however been made. The health of the people bound up as it is with their moral and social progress will continue to be adversely affected until real progress is made in attending to their housing needs.

Table 13 relates to the work done by the Housing Inspector, Mr. Duro.

Housing.

Number of new houses erected during 1923 (all by Private Builders)	36
Number of houses in occupation 1923 under Housing Scheme	100
Number of houses in course of erection	7

Unfit Dwelling Houses.

(1)	Total number of dwelling houses inspected for Housing Defects (under Public Health or Housing Acts) ..	1206
(2)	Number of houses which were inspected and recorded under the Housing (Inspection of District) Regulations 1910	55

(3)	Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (necessitating a closing order)	6
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation.. ..	55

Action under Statutory Powers.

(1)	Number of dwelling houses in respect of which Notices were served requiring repairs	55
(2)	Number of dwelling houses which were rendered fit ;	
(a)	By Owners	25
(b)	By Local Authority in default of Owner	1
(3)	Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declaration by Owner of intention to close	Nil.

(b) Proceedings under Public Health Acts.

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	498
(2)	Number of dwelling houses in which defects were remedied by ;	
(a)	Owners	478
(b)	Local Authority	1

(c) Proceedings under Section 17 and 18 of the H.T.P. Act, 1909.

(1)	Number of representations made with a view to the making of Closing Order	1
(2)	Number of dwelling houses in respect of which Closing Orders were made during 1923	1
(3)	Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	Nil.
(4)	Number of dwelling houses in respect of which Demolition Orders were made	Nil.
(5)	Number of dwelling houses demolished in pursuance of Demolition Orders made	Nil
(6)	Number of dwelling houses Demolished by Owner without Demolition Order being issued	1

SUMMARY OF SANITARY INSPECTORS' WORK 1923.

The following is a summary of the work of both Sanitary Inspectors during 1923. A great deal of unnecessary work is yearly created from thoughtless, careless and ignorant actions on the part of some of the people. In numerous instances where repairs to houses are in progress owing to the serving of a notice under the 1875 Act, or Housing and Town Planning Act, it is common to find that only parts of the notice have been complied with, or that the work is being done indifferently necessitating constant and what should be totally unnecessary Re-visits to properties by the Sanitary Inspectors whose duty it is to see that the notices are being complied with according to law. Both Inspectors carried out their duties with their usual zeal.

Sanitary Inspection of District.

Drainage and Pavement.

Drains opened and cleansed from obstructions	..	..	68
Drains provided with sufficient traps	..	..	11
New drains and inspection chambers provided	..	..	70
Drains repaired and re-laid	..	..	68
Drains tested by water	..	..	67
Drains tested by smoke	..	..	1
Sink pipes disconnected	..	..	1
New sink waste pipes provided	..	..	6
New sinkstones provided and fixed	..	..	22
Defective soil pipes repaired	..	..	1
Insufficient drains	..	..	7
Broken inspection covers	..	..	5
Backyards paved and repaired	..	..	40
Floors in dwellings re-laid or repaired	..	..	4
Dilapidated walls and ceilings repaired	..	..	10
Roofs repaired and made weatherproof	..	..	26
Dangerous or defective stairs	..	..	2
Windows made to open	..	..	15
Defective spouts repaired or renewed	..	..	48
Pantry ventilation improved	..	..	10
Defective and broken coppers or brickwork in sculleries	..	..	20
Dirty houses cleansed.	..	..	4

Water Closets and Urinals.

Water closets provided with new basins	..	..	5
Defective flush pipes and flushing cisterns renewed	..	..	33
Foul and choked water closets	..	..	111

Privies, Ashpits and Dustbins.

Offensive and insufficient privies converted to water closets..	48 to 85
Pail closets converted into water closets (voluntary) ..	22 to 24
Defective ashpits repaired	2
Defective ashpits renewed with ashbins	90
Defective pail closets and pails renewed	27

Various.

Nuisances from animals improperly kept	7
Offensive accumulations removed	10
Miscellaneous repairs to premises	40

So far as the work is capable of tabulation, the number of visits and other works involved is shown in the following table :—

Number of visits made to premises during 1923	928
Number of re-visits where works were in progress	1820
Number of Statutory Notices issued	74
Number of informal notices served	220
Number of cases taken to Court for non-compliance with statutory notices	1
Number of notices not complied with at end of 1923 ..	16

Canal Boats Acts.

The Senior Sanitary Inspector, Mr. Joseph B. Duro, is the Canal Boats Officer under the Canal Boats Acts, and furnishes the following details :

Number of Canal Boats on Register 1923.. ..	44
Number of Canal Boats inspected during 1923	7
Number of infringements	Nil
Prosecutions instituted	Nil.
Number of men on board at time of inspections	7
Number of women on board at time of inspections ..	5
Number of children on board at time of inspections ..	11

Places of Amusement.

The places of Amusement are visited periodically and reported to the Committee and the Licensing Authority by the Senior Sanitary Inspector in accordance with Circulars dated 25th August, 1920, from the Ministry of Health and Secretary of State.

Sanitary Conveniences.

Number of water closets in the Borough end of 1923 ..	4969
Number of pail closets	2170
Number of privy middens	36
Number of houses without separate conveniences ..	194
Number of houses with two or more sanitary conveniences ..	63
Number of privies unable to reach sewers	24
Number of privies on notice for conversion in 1923 ..	15
Number of Notices served under Sec. 36 of P.H. Act, 1875 ..	50

Scavenging.

Number of inspections made to Privy middens	1694
Number of inspections made to pail closets	9499
Number of inspections made to ashpits	16529
Number of visits made to ashbins	15664
Number of loads of refuse removed from privy middens ..	261
Number of loads of refuse removed from pail closets ..	4045
Number of loads of refuse removed from ashpits .. .	3599
Number of loads of refuse removed from ashbins	10885

Position of Tips.

(a) Pimlico Recreation Ground	
(b) Gallows Inn (South Side)	
Nuisances dealt with <i>re</i> Scavenging	35

Slaughter Houses.

Number of Registered Slaughter-houses in 1923	7
Number of Licensed Slaughter-houses in 1923	15
Number of complaints notified to occupiers	12
Number of inspections made during 1923.. ..	688

The general conditions and management have improved during the year.

Meat Inspection.

Foods surrendered as unfit for human consumption ..	167 lbs.
Tinned cream	11 „
Samples submitted for examination—Milk 73 —Well water 1.	

Inspections of other kinds of foodstuffs, either in preparation or for sale are carried out weekly.

Offensive Trades.

Number of Offensive trades on register 1923	2
Number of inspections made during 1923	37

The premises are for Tripe dressing only and are kept in an excellent condition, no complaints have been received.

Bakehouses.

Number on Register at end of 1923	28
Number of inspections made during the year	37
Number of notices issued for contraventions	Nil.

Smoke Nuisances.

Number of smoke nuisances investigated during 1923	..	1
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Dairies, Cowsheds and Milkshops.

Number of cowsheds in Borough at end of 1923	9
Number of Dairies and Milkshops	..	..	129
Number of visits made to above	..	..	198
Number of notices issued	..	..	2

Factories, Workshops and Workplaces.

Number of Factories in Borough	..	..	23
Number of notices issued to factories for contraventions	..	..	2
Number of workshops and workplaces	..	..	114
Number of notices issued to workshops	..	..	1
Number of inspections made to all the above during 1923	..	..	25
Number of Outworkers, 1st half-year (February)	1 C.	39 W.	
Number of Outworkers, 2nd half-year (August)	..	2 C.	32 W.
Number of visits to homeworkers' premises	..	..	160

No notices were issued, the nature of work carried on is
Wearing Apparel ; lace mending and hosiery.

Common Lodging House.

Number of Common Lodging houses on Register	..	..	1
Number of visits made by day or night	..	..	42
Number of notices issued for contraventions of bye-laws	..	..	2

The premises are well conducted.

Houses Let in Lodgings.

Nil.

Rats and Mice Destruction Act, 1919. Administered by the County.

Rat Week was a failure. Only 4 persons applied to the
Sanitary Inspector for recipes for rat poison.

Premises Disinfected.

Number of rooms disinfected during 1923	387
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including rooms where deaths from Cancer and Tuberculosis
have occurred.

JOSEPH B. DURO, C.R.S.I.,
Senior Sanitary Inspector.

Borough of Ilkeston
Education Committee.

ANNUAL REPORT

OF THE

School Medical Officer

FOR 1923.

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer.

EDUCATION COMMITTEE.

THE MAYOR (Coun.	Councillor J. PROCTOR
J. E. SMITH)	„ J. WOOLLEY
Alderman A. HENSHAW	„ G. WOOLISCROFT
„ W. SHAKESPEARE	(Chairman)
Councillor A. HENSHAW	Principal HEATON
„ L. MIDGLEY	F. P. SUDBURY, Esq.
„ J. H. MILLARD	S. R. WOOD Esq., B.A.
„ C. V. MOORE	Mrs. PRIOR.

STAFF (1923).

School Medical Officer (also Medical Officer of Health
R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H. (London).

Part Time Medical Officers.

Tuberculosis Officer .. B. S. NICHOLSON, M.D., D.P.H.
(County Tuberculosis Officer).

Ophthalmic Surgeon .. T. E. A. CARR, M.B., B.S.
(County Ophthalmic Surgeon).

Nose and Throat Surgeon M. A. GALLAGHER, M.B.B. Ch.
(County Nose and Throat Surgeon).

Dental Surgeon .. F. H. MORRELL, L.D.S.

School Nurses (also Health Visitors).

Miss M. E. SHERLOCK, C.M.B.

Miss M. A. SHAKESPEARE, C.M.B.

Miss H. BLAIR, C.M.B.

Clerks.

Miss L. TRUEMAN

Miss E. SISSON.

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR 1923.

TO THE CHAIRMAN AND MEMBERS OF THE ILKESTON EDUCATION
COMMITTEE.

MR. CHAIRMAN, LADY AND GENTLEMEN.

I beg to submit the Annual Report on the Medical Inspection of School Children for the Borough of Ilkeston for year 1923.

During the year, 1,491 children were examined by me at the Routine Medical Inspections on School Premises. In addition, I examined 1,660 children at the School Clinic, at my office, or during special visits to schools, who had been specially referred to me to be inspected for medical defects by School Nurses, Teachers, Attendance Officers or Parents. Some of the children found to be defective at Routine Medical Inspections or at special Inspections came up later for subsequent re-inspection, and the total number of these Re-inspections amounted to 1,142. Therefore the total number of all inspections amounted to 4,293.

The volume of work entailed by these inspections in addition to other duties has prevented me from giving any time to the examination of children returned by teachers as being Retarded, Dull and Backward or Mentally Deficient. I brought this matter to the attention of the Committee last year and it was resolved and eventually sanctioned by the Board of Education that

Dr. Lund was temporarily to carry out the Routine Medical Inspections until I had completed the examination and classification of all children returned as Dull and Backward and Mentally Deficient. A table showing the numbers of these returned by teachers will be found in the body of this Report.

From what I have seen as a result of the Inspections, I am of opinion that there is a growing desire on the part of parents to obtain treatment for the defects found in their children. It is strange, in these days of enlightenment, to have to make the assertion that the desire for the correction of defects is only growing, for surely this desire should be natural. Yet a considerable portion of my time and that of the School Nurses has been spent in following up defects found in the children and in persuading parents to obtain Medical treatment for them. I find that most of the opposition comes from the fathers of the children, but as a mother pointed out to me, if the fathers had to do some of the tedious and anxious day and night work of nursing, they would soon see that treatment was obtained.

The School Inspections bring to light many Medical defects amongst the children of which the parents are quite unaware. For instance, I have been struck by the number of cases of Valvular Disease of the heart to be found which mostly have a very insidious origin from subacute Rheumatism, a condition seldom suspected by the parents. The pains erroneously described as "growing pains" are nothing more nor less than Rheumatism in a form which quietly and steadily damages the Valves and the Muscles of the Heart. It is difficult to make a parent believe that these "growing pains" must be treated. During 1923, 13 children of school age died, and as many as 23 per cent. of these deaths were due to Valvular disease of the Heart.

I hope during the course of the year to be able to present to the Committee a complete Scheme for the Orthopædic treatment of children crippled as a result of Rickets, Infantile Paralysis or Tubercular disease. Although it will be a simple matter to obtain operative treatment for these cripples at the various recognised institutions, the greatest difficulty in formulating a complete scheme will be to find the means whereby the post operative after care treatment will be efficiently carried out, for some of

these children would have to be under expert supervision and treatment for a matter of years. This difficulty could be met if the Corporation would combine with some other local Authority for isolating Infectious Fevers. The present Infectious Diseases Hospital (which is on an admirable site for the purpose) could then be converted into an open air day and residential school for these children, having on its staff a nurse specially trained in the science of Orthopædics, Massage, Splint making and Adjustments. A complete Scheme would of course cost money, but it would be money well spent, for it would give the cripple the best chance of becoming an efficient wage earner later on, instead of a burden on the rates owing to incapacity.

In conclusion I beg to thank the Committee for its support in my work and the members of the Nursing, Clerical and School Department Staffs for their co-operation and help during the past year.

Yours obediently,

R. DE V. KING,

School Medical Officer.

Schools and their Accommodation.

There are 16 provided schools and 3 non-provided schools in the Borough, with 20 separate departments, and accommodation for 5,627 scholars. The average number on the roll was 5,827, with an average attendance of 5,316, equal to 91·2 per cent., which was 91·64 in 1922.

Sanitary Condition of Schools.

This is generally good. Improvements in lighting and ventilation have taken place in some of the schools during the year.

Open-air Education.

(a) Playground classes are arranged at some of the Infant departments because the seats are moveable ; in other departments no seats are available, and in both cases the playgrounds appear to be too public for such classes.

(b) School journeys of educational value were undertaken at most of the schools; the journeys included visits to Matlock, Dovedale, Nottingham Castle, Bennerley Iron Works, West Hallam Potteries, Collieries, Farms, etc., and local places of interest for the teaching of practical geography, direction finding and nature studies.

Physical Education.

All the schools devote three periods of 20 minutes each to physical training following the Board's Syllabus, and in addition one hour a week for organised games. There is now a Schools Sports League, and Inter-school Football, Cricket and Swimming matches are becoming more general.

Provision of Meals for School Children.

The Feeding Centre in the Cookery Department of Gladstone Street Schools continues to supply breakfast and dinner to necessitous and insufficiently nourished children. Breakfast is served at 8-15 a.m., and dinner at 12-30 p.m. The Education Committee provide free passes on the trams to the Centre. The Total number of meals served during 1923 was 15,967, and the total number of individual children fed was 43. The total cost amounted to £324 17s. 6d., equal to 4·9 pence per meal. During 1922 the total number of meals served was 23,360 and the cost was £387 14s. 2d.

Co-operation of Teachers, Attendance Officers, Parents and Voluntary Bodies.

(1) *The Teacher.* The school teachers appreciate the value of the medical work and their support is invariably generous. The Head Teachers are invited to attend and do attend during the Medical Inspection of the children under their charge: they have become increasingly interested in following up the defects found in the children and are using their influence in persuading parents to have defects remedied.

(2) *The Attendance Officers,* two in number, render every assistance to the Medical Department by giving daily prompt information as to absentees from school on medical or alleged medical grounds,

(3) *The Parent.* Notifications are sent to parents as to the time and place at which Medical Inspection or a School Clinic will be held. When they have attended, substantial gains have been secured, and misunderstandings and prejudices have been avoided. The parent is also able to make examinations easy by providing information, and moreover, the opinion of the Medical Officer can be given more clearly and directly to them than by letter. The average attendance of parents in the Infants' Departments was 79·7% ; in the Senior Departments it was 32·2%

(4) *The Voluntary Bodies.* (a) A local Voluntary Association maintains a home for debilitated convalescent children between the ages of 7 and 14, at Bonsall, near Matlock. The home was open from May to the end of September, and each child spent about a week there, conveyance being by motor to and fro. The total number of children taken in was 100 boys and 120 girls, the figures for 1922 being 85 boys and 90 girls. The home is of inestimable use for the purpose it serves, but in addition, there is a great need (in an industrial locality such as this) for a place where children who are suffering from deficiency diseases such as malnutrition and rickets, and the pre-tubercular child, could be taken to a home and boarded for 3 months or so at a time, and where their education could continue under the best conditions.

(b) *The Tuberculosis After-Care Committee.* This Committee has performed excellent work. The members of the Committee visit notified cases of Tuberculosis, and partly through grants from the County Council and partly from funds raised by voluntary effort, they are able to assist necessitous cases amongst school children suffering from Tuberculosis, by gifts of milk and other foods under the direction of the Tuberculosis Officer. Certain appliances are also obtained by them from the British Red Cross Society.

(c) *The National Society for Prevention of Cruelty to Children.* Has through Inspector Nottingham given much assistance in investigating and causing amelioration in cases of gross neglect brought to his knowledge through the School Medical Service,

Expenditure by the Local Education Authority on the School Medical Service.

	£	s.	d.
Salary of School Medical Officer	302	18	4
Salary of Ophthalmic Surgeon	70	10	0
Salary of Dental Surgeon and Equipment	193	7	8
Salary of School Nurses	326	13	0
Clerical Assistance	91	11	8
Travelling Expenses	15	13	10
Drugs, Materials and Apparatus	66	7	11
Provision of Spectacles	5	13	0
Operation Fees, Tonsil and Adenoids	35	1	6
X-Ray treatment for Ringworm	12	0	0
Provision of Meals	324	17	6
Printing and Stationery	9	14	4
Clinic upkeep and Miscellaneous	6	13	7
	<hr/>		
	£1,461	2	4
	<hr/>		

A grant is paid to the Education Authority in respect of their expenditure on the School Medical Service under the Elementary Education (Substantive Grant) regulations, and is calculated on the basis of one-half of the entire expenditure, and is payable by instalments during the year.

The School Medical Service cost £1,461 2s. 4d., so that the local ratepayer had to find £730 11s. 2d. As there were 5,827 children on the school register, the cost per child works out to nearly 2/7 per child.

School Closure and Incidence of Notifiable Infectious Diseases amongst Scholars.

Although there was a large amount of Chicken Pox in the Infants' Departments, and in standards 1 and 2 of other Departments, it was not found necessary to close any Departments for this or other notifiable diseases during the year.

The following table shows the number of children found suffering

from notifiable Infectious Diseases and by schools :—

Schools.

DISEASE.	Bennerley	Trinity	Granby	Chaucer Street	Hallcroft	Gladstone St.	Catholic	Kensington	Hallam Fields	Private	Total
Small Pox	—	—	—	—	1	1	—	1	—	—	3
Chicken Pox	18	1	—	22	1	18	2	31	8	—	101
Scarlet Fever	3	—	—	4	8	3	—	2	—	—	20
Diphtheria	—	—	—	—	—	1	—	—	—	1	2
Typhoid Fever	—	—	2	—	—	—	—	—	—	—	2
TOTALS	21	1	2	26	10	23	2	34	8	1	128

In addition to these notifiable diseases, 133 cases of Whooping Cough and 40 cases of Measles were reported.

Employment of Children of School Age.

OCCUPATION.	BOYS.	GIRLS.	TOTAL.
Newspaper sellers	87	15	102
Firewood sellers	3	2	5
Milk sellers	3	—	3
Meat sellers	6	—	6
Groceries delivering	3	—	3
Bread „	2	—	2
Coal „	—	—	—
Telegrams „	2	—	2
Assisting Caretaker	1	—	1
Domestic duties	—	2	2
Errands	4	—	4
TOTALS.	111	19	130

Mortality Amongst Children of School Age.

The causes of death amongst the 13 children who died during the year are as follows :—Accidentally drowned 2, Valvular Disease of the Heart 3, Scarlet Fever 1, Typhoid Fever 1, Jaundice 1, Epilepsy 1, Bronchitis 1, Fibrosis of lung 1, Tubercular peritonitis 1, Tubercular disease of the Spine 1.

Summary of School Nurses' Work for the Year 1923.

	Nurse Sherlock.	Nurse Shakespeare.	Nurse Blair	TOTAL
Visits <i>re</i> School Absentees ..	164	346	324	834
Visits <i>re</i> Infectious Disease ..	129	142	146	417
Visits <i>re</i> Medical Inspection Defects	71	61	105	237
Visits <i>re</i> Inspection for Cleanliness	10	8	27	45
Visits to Schools for Medical Inspection Defects ..	32	25	35	92
Visits to Schools for Cleanliness ..	71	49	41	161
Special visits to Schools ..	7	50	43	100
Number of children examined for Cleanliness	13,568	8,874	10,639	33,081
Number of Notices issued <i>re</i> Verminous Conditions ..	319	352	284	955
Number of Notices issued <i>re</i> other Defects	68	44	193	305
Attended Refraction Clinics ..	9	1	—	10
Visits <i>re</i> Refraction Cases ..	8	42	71	121
Attended School Clinics ..	87	8	2	97
Attendance of Children daily for treatment	3,656	24	24	3,704
Attended Derby Clinic <i>re</i> Tonsil and Adenoid operations ..	—	3	1	4
Visits <i>re</i> Tonsil and Adenoid Operations	25	59	50	134
Dental Inspections	—	—	3	3

The School Nurses work in close co-operation with the School Attendance Department. In cases of illness and more especially during epidemics of Measles, Whooping Cough, Mumps, etc., the School Nurses act as Attendance Officers by investigating absence of children on account of illness. Each morning the School Attendance Officer sends the names of children to be visited and a report is given. It will be seen by the above summary that 834 visits were made regarding children absent on account of illness, 417 on account of Infectious Disease, and 237 regarding Medical Inspection Defects.

The following is an analysis of 1,251 visits paid by School Nurses to absentees from school on medical or alleged medical grounds.

Infectious Diseases	337	Jaundice	4
Inf. Disease Contacts ..	77	Colic	3
Influenza	114	Rheumatism	8
Contagious Diseases ..	37	Chorea	1
Rashes not Defined ..	9	Chilblains	2
Bronchitis	38	Anæmia	6
Coughs and Colds ..	265	Debility	14
Pneumonia	11	Heart Disease	2
Pleurodynia	2	Boils	6
Asthma	2	Headache	9
Pulmonary Tuberculosis ..	1	Neurasthenia	2
Croup	3	Neuralgia	2
Tonsillitis	36	Injuries and Sprains ..	22
Adenitis	10	Burns and Scalds	5
Epistaxis	2	Septic Wounds	48
Otorrhœa	2	Miscellaneous	14
Toothache	7	No Shoes	2
Conjunctivitis	3	Under own doctor	17
Eye Defects	2	Refused Information ..	2
Stomatitis	1	Visits of persuasion to return	
Sickness and Diarrhœa ..	32	to School	22
		Out or returned to school	
		when visited	69

The School Clinic.

The work of the Clinic consists in the examination of School children referred as unable to attend school, and those brought by parents for advice and treatment. In addition to granting exclusion certificates the Clinic arranges for the treatment of minor ailments including such conditions as Blepharitis, Conjunctivitis, Keratitis, exzema, and other skin diseases, Ringworm, Scabies, Impetigo, Septic sores or cuts, burns, abscesses and certain diseases of the ear, such as Otorrhœa, etc., and other miscellaneous conditions.

A register is kept of attendance, and a list given to the Attendance Officer twice a week, with name, address, school, disease and period of exclusion. Children suffering from acute diseases are given general advice and referred to their own doctor. Large numbers attended the Clinic. The total attendance at the School Medical Officer's Clinic was 2,150 and the individual number of children seen was 1,126. The total attendance of cases treated by the School Nurse was 3,704.

Nurse Sherlock conducts a Daily Clinic each School morning at 10 a.m., and the School Medical Officer attends twice a week on Tuesday and Thursday mornings.

The School Clinic is becoming far too overcrowded and the Educational work of instructing parents is hindered in consequence. There is a tendency for certain parents to bring their children to the Clinic for examination and advice who can well afford to pay their own doctors for these services, and unfortunately they do not seem disposed to put a small donation into the Clinic Box for the use of their poorer brethren. The amount of money collected in the Clinic Box last year amounted to 4/1½ though there were 5,854 attendances by 1,126 children.

Provision of Spectacles.

The Refraction of children's eyes is performed by the Education Committee's Ophthalmic Surgeon, Dr. Carr, at the School Clinic free of charge. A prescription is given, and the parents obtain the spectacles at a cost to themselves of 4/6 to 8/6 from a firm of local opticians who quote special prices for school children sent by the Education Committee. In necessitous cases, free or partially free spectacles are granted by the Education Committee. Dr. Carr examined 133 children for errors of refraction, of whom 86 required spectacles, and 74 obtained them. Free spectacles were supplied to 16 children, and partially free spectacles to 7 other cases.

Provision for Operation on Tonsils and Adenoids.

The Education Committee has arranged with the Derbyshire County Council to enucleate Tonsils and Adenoids at the Derby Clinic for a sum of £1 11s. 6d. per operation. Only a small part of the total sum of £26 15s. 6d. was recovered from the parents, namely, £8 3s. 9d., for as a general rule all that they can afford is 5/- or 7/6. During 1923, 36 children were operated upon, of whom 23 had the operation performed at the Derby Clinic, and 13 were done at Hospitals and by private practitioners.

Every care is taken before and after the operation to make the operation a complete success, which it has invariably been. The School Medical Officer examines the child a few days before the operation as to general fitness for it. The School Nurse presents

the parent with printed instructions which she explains as to the pre-operative treatment. A nurse accompanies each batch of children to and from Derby whether the parents go or not. The operation being performed in the morning about 10 a.m., the patient is as a rule able to return home by the evening, though the specialist detains for a night in a ward attached to the Clinic any child not able to undertake the journey that day. The return journey is made in the Red Cross Ambulance in charge of a nurse—each child being deposited at its own home. The School Nurses visit the patients for 3 days after the operation and record temperatures, etc., and the parent is given printed post-operative instructions which are explained. The School Medical Officer inspects the cases once a week for 3 weeks after the operation, and exclusion certificates are given for a similar period.

Provision for the Treatment of Ringworm.

X-Ray treatment is given by the Education Authority at the Derby Clinic free of charge. Nine severe cases were sent for X-Ray treatment out of total of 41 cases of Ringworm of the Scalp. The results of X-Ray treatment are uniformly rapid and successful, and harmless to the patient, yet parents remain strangely stubborn in refusing to submit their children to this quick and free of charge treatment. There are cases in the district where the disease has been in existence for nearly 2 years and much money spent on useless remedies by parents. These children are a constant menace to others.

Provision for Dental Treatment.

Up to April, 1923, the Education Authority employed the services of one of the Dental Surgeons and a Dental Dresser working under the Derbyshire County Council. This arrangement was cancelled by the Derbyshire County Council, and the Education Authority appointed Mr. Morrell, a local Dental Practitioner as its Dental Surgeon.

The Authority allows one session a week of $2\frac{1}{2}$ hours for school dental work which is not nearly enough if this Service is to be of real benefit to the children. Dental treatment is free of charge. During 1923, 197 teeth were filled, 1,048 teeth extracted, and there were 131 dressings and scalings. This work was done in 43 sessions. The following is an extract from the report of the School Dental Surgeon.

“I should estimate that fully 90% of the school children neither possess, nor know how to use a tooth brush ; and often where one is possessed it is used by the whole family, so that you may imagine what a source of infection it is. This could easily be remedied without additional expenditure, by obtaining brushes from manufacturers who specialise in this class of brush for supplying School Dental Clinics, these could be sold to the children at cost price by the teachers together with a cheap dentifrice.

The Dentist upon his School Inspections could instruct the Children in the use of the tooth-brush in the presence of the teacher, who could devote a few moments per week to tooth-brush drill, and inspection of the brushes in order to see that they are in proper condition, and when worn out could supply the child with a new one at cost price, thereby avoiding any injury to the gums due to the use of a worn out brush.

I am sure this scheme would considerably reduce the amount of Clinical treatment required, and thereby effect a great saving in the Dental Surgeon's time, and the children would acquire the habit of using the tooth-brush, and carrying on after leaving school, so that they would always retain clean, healthy mouths as adults. This scheme would benefit all children whether their parents accepted Clinical treatment or not. Of course, it would largely depend upon the teachers to create enthusiasm amongst the children for the success of the scheme.”

There is no reason why this scheme for supplying tooth-brushes at cost price should not be introduced, and the matter will shortly be brought before the Education Committee for consideration.

Provision for the Diagnosis, Observation and Treatment of Tuberculosis.

Dr. B. S. Nicholson, the County Tuberculosis Officer, attends the Tuberculosis Dispensary once a week. He sees and advises on cases referred to him by the School Medical Officer and by local practitioners. Many incipient cases of Tuberculosis have been under his observation and treatment in this way. When cases are too ill to attend the Dispensary he visits them in their

own homes assisted by a County Nurse. A table in the Annual Health Report (bound with this report) shows the work he has done for children under 15 years of age.

Provision for General Medical and Surgical Treatment.

This is carried out at the local Hospital or at the Hospitals in Nottingham and Derby—Orthopædic cases are sent (through Inspector Nottingham of the National Society of Cruelty to Children) to the Birmingham Orthopædic Hospital. The School Medical Officer sends a note to the Physician or Surgeon with each child requiring surgical or medical attention to briefly explain the case. Very valuable work is done at these Hospitals.

Provision of First Aid Dressings.

These are supplied and kept in stock by the Head Teachers of all Departments who obtain them from the School Clinic.

Routine Medical Inspection of School Children.

The scope of Medical Inspection consists in the examination of age groups, known as “entrants,” “intermediates,” and “leavers,” particulars of which are given in Table 1 at the end of this Report. The total number of routine Medical Inspections for 1923, was “entrants” 446, “intermediates” 350, “leavers” 599. Special examinations numbered 1,660, re-examinations 1,142, and the total number of individual children inspected was 2,802 out of a register of 5,827. Other Routine Inspections 96.

A list is obtained from the Head Teacher of children who should be medically examined, after which a date is fixed for the inspection between the hours of 9 a.m. and 12 noon, and 2 p.m. to 4 p.m. A Notice is sent to the parents intimating the time of the examination, and on the back of this notice information is requested about previous illnesses of the child.

Inspections are held in the Head Teacher's Room ; but in one or two of the older schools where there is no teacher's room, a class room has to be used. The School Nurse visits a school a day or two before an inspection to record the height and weight, and to test the vision of the older children with Snellen's types.

A detailed return of defects found in the course of Medical Inspection is shown in Table 2.

The majority of these defects are preventable, and if not prevented are in most instances curable. Many defects such as Otitis Media (running ears) are looked upon by parents as quite minor ailments, and leave the condition untreated until the child becomes seriously ill from complications, and advice is sought when it is often impossible to effect a cure or save the hearing. Squint is another defect which is thought to be a minor ailment, and the parents' usual reason for not obtaining spectacles for a child is because the child does not want to wear them, or that the parent considers that the eye will get straight in time, etc. The result of knowing better than their medical advisers is that a child with an untreated squint is not only unsightly, but often loses the sight of one eye completely. Bronchitis especially amongst the infants is another common defect and is due in large measure to the children being practically without clothes up to the hips in the coldest weather, in other words, they wear thin socks, leaky boots, and very often no drawers, and yet their chests will be covered with goose grease, brown paper, red flannel and any amount of clothes. •

Cleanliness.

The general standard of cleanliness shows a slight improvement from last year. A large number of inspections are made by the School Nurses in the Girls' and Infants' Departments. The ideal aimed at is to inspect every girl's hair once a month. The total number of children inspected and re-inspected for this purpose was 33,081. Inspections made by the Nurses on the girls' and infants' hair give the following results :—

Cases Clean	74·7 per cent.
Cases with a few Nits	22·2 „ „
Cases with many Nits and Vermin	3·1 „ „

A few families are persistently unclean, and give more trouble than all the others put together.

An occasional surprise visit is made to the Boys' Schools to inspect for cleanliness. If any boys are found dirty the attention of the parents is drawn to it, and they are followed up by the School Nurses.

A very successful expedient for removing nits from the heads of girls is the use of Sackers Comb. The Education Authority has sanctioned 6 of these combs (2 for each nurse) to be lent with written instructions for their use to parents, in order to assist them in getting their children's heads clean.

Personal cleanliness leaves much to be desired. Some of the poorest children in the district come to school clean. There is no excuse whatever for dirt—parents who do not attend to or instruct their children in the duty of keeping their bodies clean, have no self-respect and their houses are always dirty and untidy, for they have never learnt the value of routine and method. Mainly as a result of unclean houses and unclean methods of preparing food many children suffer from worms.

Physically Defective Children.

A large amount of crippling is due to Rickets—a preventable disease provided that proper nourishing food is obtainable combined with good sanitation in its broadest sense, which includes the education of the people as to general Hygiene and Dietary. The other cause of crippling is mostly due to Infantile Paralysis. This complaint needs careful and protracted treatment with splinting and massage, and in some cases electricity which many children cannot obtain systematically for sufficiently long periods.

TABLE I.—Number of Children Inspected 1st January to 31st December, 1923.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	446
Intermediates	350
Leavers	599
	<hr/>
TOTAL	1,395
Number of other Routine Inspections	96

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,660
Number of Re-Inspections	1,142
	<hr/>
TOTAL ..	2,802

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1923.

DEFECT OR DISEASE.				ROUTINE INSPECTION		SPECIALS.	
				No. of Defects.		No. of Defects.	
				Re-quiring Treatment. (2)	Requiring to be kept under observation requiring Treatment (3)	Re-quiring Treatment. (4)	Requiring to be kept under observation requiring Treatment (5)
(1)							
Malnutrition	..	..	..	—	56	3	18
Uncleanliness :	..	..	..	16	7	17	5
Skin	{	Ringworm—Scalp	.. ..	3	—	38	2
		Body	.. ..	1	—	7	1
	{	Scabies	.. ..	5	1	9	—
	{	Impetigo	.. ..	4	—	68	—
	{	Other Diseases (Non-Tuberculous)	.. ..	3	1	52	1
Eye	{	Blepharitis	.. ..	—	5	17	3
	{	Conjunctivitis	.. ..	2	3	14	1
	{	Keratitis	.. ..	1	—	3	—
	{	Corneal Opacities	.. ..	—	—	7	—
	{	Defective Vision (excluding Squint)	.. ..	40	8	50	22
Ear	{	Squint	.. ..	16	11	25	8
	{	Other Conditions	.. ..	1	—	11	—
	{	Defective Hearing	.. ..	3	5	—	3
	{	Otitis Media	.. ..	14	1	50	—
	{	Other Ear Diseases	.. ..	—	—	4	5
Nose and Throat	{	Enlarged Tonsils only	.. ..	24	48	35	40
	{	Adenoids only	.. ..	1	2	1	3
	{	Enlarged Tonsils and Adenoids	.. ..	8	6	19	7
Enlarged Cervical Glands (Non-Tuberculous)	{	Other Conditions	.. ..	1	—	10	3
	{	Defective Speech	.. ..	—	2	—	1
	{	Teeth—Dental Diseases	.. ..	62	2	150	10
Heart and Circulation	{	Heart Disease	.. ..	—	28	2	18
	{	Organic	.. ..	—	2	—	1
	{	Functional	.. ..	—	2	—	1
Lungs	{	Anæmia	.. ..	1	5	48	15
	{	Bronchitis	.. ..	2	7	57	7
	{	Other Non-Tuberculous Diseases	.. ..	—	7	8	3
Tuber-culosis	{	Pulmonary :	.. ..	—	—	3	1
		Definite	.. ..	—	13	2	20
		Suspected	.. ..	—	—	—	—
	{	Non-Pulmonary :	.. ..	—	2	2	2
		Glands	.. ..	—	—	—	—
		Spine	.. ..	—	2	—	—
		Hip	.. ..	—	—	—	—
		Other Bones and Joints	.. ..	—	—	—	—
		Skin	.. ..	—	—	—	—
Ner-vous System	{	Other Forms	.. ..	—	3	1	—
	{	Epilepsy	.. ..	—	—	1	—
	{	Chorea	.. ..	—	1	7	4
Deformities	{	Other Conditions	.. ..	—	1	2	—
	{	Rickets	.. ..	—	9	5	2
	{	Spinal Curvature	.. ..	—	—	—	1
Other Defects and Diseases	{	Other Forms	.. ..	—	5	7	1
	{	Other Defects and Diseases	.. ..	22	26	248	136

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases.

GROUP.	NUMBER OF CHILDREN		Percentage of Children found to require Treatment
	Inspected	Found to Treatment	
(1)	(2)	(3)	(4)
<i>Code Groups :—</i>			
Entrants	446	29	6.5
Intermediates	350	71	20.5
Leavers	599	31	5.2
Total (Code Groups)	1,395	131	9.5
Other Routine Inspections	96	56	58.0

TABLE III.—Numerical Returns of all Exceptional Children in the Area in 1923.

				Boys	Girls	Total
Blind (including partially blind	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ..	—	—	—	
		Attending Public Elementary Schools	—	—	—	
		At other Institutions ..	—	—	—	
		At no School or Institution ..	—	—	—	
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ..	—	—	—	
		Attending Public Elementary Schools	—	—	—	
		At other Institutions ..	—	—	—	
		At no School or Institution	—	—	—	
	Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ..	—	—	—
			Attending Public Elementary Schools	—	1	1
At other Institutions ..			2	3	5	
At no School or Institution ..			—	—	—	
(ii) Suitable for training in a School or Class for the partially deaf.		Attending Certified Schools or Classes for the Deaf ..	—	—	—	
		Attending Public Elementary Schools	—	—	—	
		At other Institutions ..	—	—	—	
		At no School or Institution	—	—	—	

TABLE III.—continued.

Mentally Defective ..	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	39	19	58
		At other Institutions ..	2	—	2
		At no School or Institution	5	1	6
Epileptics ..	Suffering from severe epilepsy ..	Attending Certified Special Schools for Epileptics ..	—	—	—
		In Institutions other than Certified Special Schools ..	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	1	—	1
Physically Defective ..	Infectious pulmonary and glandular tuberculosis	At Sanatoria Schools approved by the Ministry of Health or the Board ..	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
		Non-infectious but active pulmonary & glandular tuberculosis	—	—	—
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	11	8	19
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Delicate children (<i>e.g.</i> , pre-or latent tuberculosis, malnutrition debility, anæmia, etc.)	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	23	20	43
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	6	3	9
		At other Institutions ..	—	—	—
		At no School or Institution	2	1	3
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	18	16	34
		At other Institutions (Barnardo's)	—	1	—
		At no School or Institution	3	7	10

TABLE IV.

Treatment of Defects of Children during 1923.

A.—Treatment of Minor Ailments.

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year		
	Under the Au- thority's Scheme (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp	21	1	22
Ringworm—Body	16	—	16
Scabies	—	—	—
Impetigo	198	—	198
Other skin disease	13	1	14
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II.)	49	1	50
<i>Minor Ear Defects</i>	7	—	7
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores chilblains, etc.)	190	3	193
TOTAL ..	494	6	500

B.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

DEFECT OR DISEASE.	NO. OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Other-wise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint), (Operations for squint should be recorded separately in the body of the Report).	133	7	—	140
Other Defect or Disease of Eyes (excluding those recorded in Group I.) ..	39	—	4	43
TOTAL ..	172	7	4	183

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	86
(b) Otherwise	7

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	74
(b) Otherwise	7

C.—Treatment of Defects of Nose and Throat.

Received Operative Treatment.			Received other forms of Treatment	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
23	13	36	—	36

D.—Treatment of Dental Defects.

(1) Number of Children who were :—

Routine Age Groups										Grand	
5	6	7	8	9	10	11	12	13	14	Total	Specials Total
—	154	113	166	128	156	130	41	7	—	895	174 1069
(a) Inspected by the Dentist :											
(b) Found to require treatment ..										..	817
(c) Actually treated ..										..	474
(d) Re-treated during the year as the result of periodical examination										102	

(2) Half-days devoted to :—

Inspection	5	} Total 48
Treatment	43	

(3) Attendances made by children for treatment 474

(4) Fillings :—

Permanent teeth	151	} Total 197
Temporary teeth	32	

(5) Extractions :—

Permanent teeth	116	} Total 1,048
Temporary teeth	932	

(6) Administrations of general anæsthetics for extractions Nil.

(7) Other operations (Dressings and Scalings) :—

Permanent teeth	00	} Total 131
Temporary teeth	00	

E.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	8.05
(ii.) Total number of examinations of children in the Schools by School Nurses	33,081
(iii.) Number of individual children found unclean	396
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	5
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws	Nil



